

How NHS hospitals could improve productivity in elective care by up to 20%

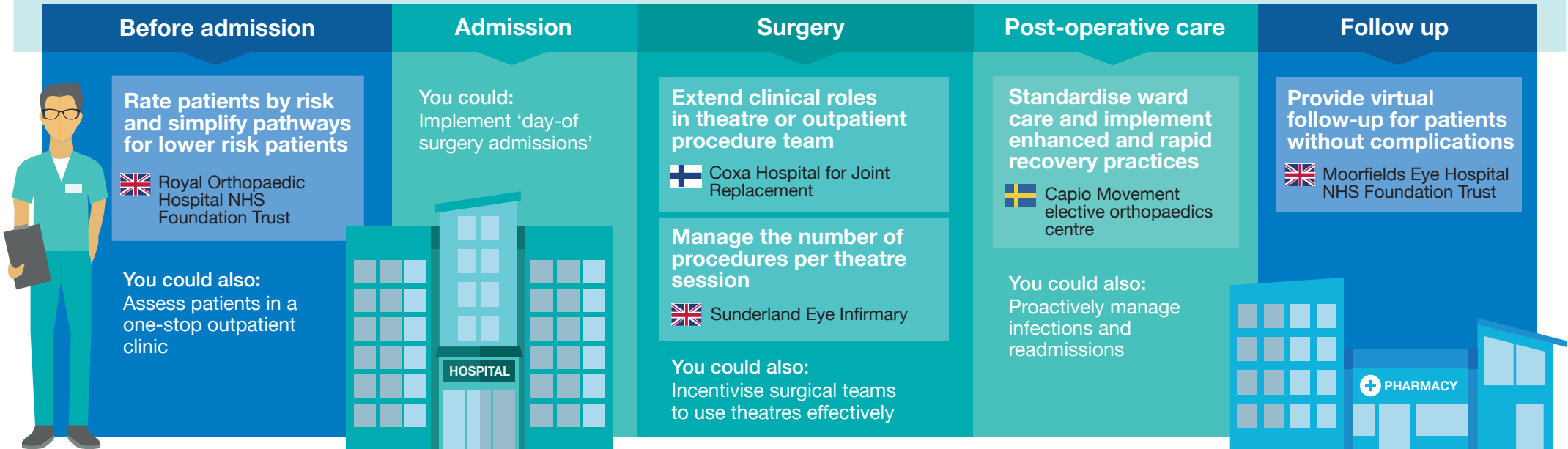


We've studied ophthalmic and orthopaedic elective care providers at home and abroad to identify where and how they maximise quality and efficiency.

Adopting these operational good practices in elective care procedures could improve patient outcomes and improve productivity in the NHS by 13% to 20% based on today's spending and activity.

These tried and tested techniques may be well known, but even today's most efficient providers don't have them all in place.

We found **nine** opportunities for operational improvement – of these, **five** offer the most gain.



Other essentials for improving productivity

Clinicians and managers at the sites we studied also saw these supporting conditions as fundamental:

Standardised pathways and protocols

Effective performance management systems

Visible leaders accountable for continuous improvement from board to ward

Adapted staff contracts

Engaging patients and families in their own care

Examples of elective care improvements in the NHS and abroad



Rate patients by risk

In Royal Orthopaedic Hospital NHS Foundation Trust's rapid assessment pathway, a band 5 nurse and healthcare assistant carry out an initial assessment to determine if a patient needs a full preoperative assessment. This reduces the number of appointments low-risk patients must attend. The key performance measures are reductions in: late cancellations due to patient fitness; patients requiring full preoperative assessment; and the time taken to process notes.



Standardise ward care and implement enhanced and rapid recovery practices

Capio Movement in Sweden reduced hip/knee replacement length of stay by encouraging and supporting rapid recovery. A series of multiple mutually reinforcing actions make it possible to achieve early discharge, including not catheterising patients and actively encouraging mobility. Around 75% of hip and knee replacement patients are able to be discharged on the day after surgery, with low rates of readmission.



Extend clinical roles

At Coxa Hospital for Joint Replacement in Finland, a consultant anaesthetist and two specialist nurse anaesthetists provide anaesthetic services for two theatres and the preoperative induction area on the routine joint replacement surgery pathway. Anaesthetic assessment is carried out by a nurse anaesthetist, and the team administers spinal anaesthesia for hip/knee replacements to allow for early mobilisation.



Provide virtual follow-up for patients without complications

Most patients need to see an optometrist for new glasses after cataract surgery - Moorfields Eye Hospital NHS Foundation Trust has contracted community optometrists to undertake post-cataract surgery follow-up appointments in some areas. Moorfields pays community optometrists to perform the postoperative assessment and report back outcomes data during a single, local patient visit.



Manage the number of procedures per theatre session

Sunderland Eye Infirmary delivers eight cataract surgeries per four-hour list. Lists are tailored according to individual surgeons' speeds, and service and training lists are scheduled to achieve this. Primary nurses accompany patients from admission through surgery to discharge, reducing turnaround times to five minutes.

Full case studies

- Examples from the NHS
- Alfred Health in Australia
- Capio in Europe
- Cleveland Clinic in the USA
- Coxa Hospital for Joint Replacement in Finland
- Emory University Orthopaedics and Spine Hospital in the USA